

Town of Edgewood
P.O. Box 3610, Edgewood, NM 87015
505-286-4518 FAX 505-286-4519

Application for Employment

Position Applied For: _____

Applications will be accepted only for open positions. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. Submit a separate application for each position. Answer all questions. Applications will not be considered until complete in every respect.

Your application will be kept active for a period of ninety (90) days or until the position is filled, whichever is later.

The Town of Edgewood does not discriminate in employment on the basis of race, age, religion, color, national origin, ancestry, sex, physical or mental disability, medical condition or political affiliation, unless based on a bona fide occupational qualification. No question on this application form is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt by the Town of Edgewood does not imply that the applicant will be employed.

Personal Information

Social Security # _____ - _____ - _____

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City, State, Zip)

Telephone (Home)(____)____-____ (Work)(____)____-____ (Other)(____)____-____

Have you ever used a different name for school or employment? ____Yes ____No

If so, what name(s)? _____

Have you ever been employed by the Town of Edgewood? ____Yes ____No

If yes, give date separated. _____

Does the Town of Edgewood employ any relative of yours? ____Yes ____No

If yes, Name _____

Relationship _____

Can you work legally in the United States? ____Yes ____No

If hired, documentation showing eligibility for employment and identity will be required.

Do you possess a valid Driver's License? ____Yes ____No

State _____ Class _____ License # _____

In accordance with the Military Selective Service Act, all male applicants between the ages of eighteen (18) and twenty-six (26) are required to present proof of registration.

Are you between the ages of 18-26? ____Yes ____No

If yes, have you registered for the Selective Service? ____Yes ____No

If yes, please provide your Selective Service Number _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, on a separate sheet of paper, please give date(s) and place(s), the specific charge(s), and fully explain the situation. A conviction will not necessarily disqualify applicant from employment.

Are you applying for: ____Full Time, ____Part Time, ____Temporary, ____Seasonal

Are you available to work: ___Weekends, ___Variable
Date available: _____, Hours/days not available:_____

Military Service

Date Entered	Date Discharged	Branch	Final Rank	Military Occupational Specialty
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Education/Training

<u>School Attended:</u>	<u>City/State:</u>	<u>Circle Level Completed:</u>	<u>Degree Obtained:</u>
High School		9 – 10 – 11 – 12 – GED	
College		F – S – Jr – Sr	
Graduate School		Graduate Major and Hours	
Business School		Courses Taken	
Vocational School		Courses Taken	

Licenses, Special Certificates or Skills

Indicate any foreign languages you can speak, read and/or write.

Speak_____, Read_____, Write_____

Typing Speed	Shorthand Speed	Do you operate a 10-key adding machine ___Yes ___No ___Sight ___Touch
Office Machines		
Software Programs		
Heavy Equipment or Other Machinery		
CPR____, First Aid____, EMT-B____, Other____		

Please indicate any other information you would like us to consider.

Employment History

List below your complete employment record starting with your present or last employer. Include any unemployed or self-employed periods, showing dates and Locations. Please use a "Supplemental History" sheet, after filling this page and the next, for longer employment history.

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

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Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Professional References (No Relatives)

Name	Address	Phone

Certification (Please read and initial each point)

- In the event of my employment with the Town of Edgewood, I will comply with all rules and regulations set forth in the Town's Policy Manual or other communications distributed to employees. I understand that such employment may be conditional upon such record checks, references, and tests as are appropriate to the specific job for which I am applying. This may include a physical examination and/or drug screen by a physician selected by the Town of Edgewood to which I hereby consent. ____
- Additionally, I authorize the Town of Edgewood to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party with a legal and proper interest. I further understand that, once received by the Town, this application may be subject to public inspection under New Mexico law. ____
- I certify that the information provided herein is true and complete to the best of my knowledge. Incomplete applications will not be considered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. ____
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the Town of Edgewood to continue to employ me in the future. ____
- If I am employed, I understand that any false, misleading or omitted information on my application or interview(s) may result in disciplinary action up to and including possible termination of employment. ____

Signature of Applicant

Date